



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>A. H. Metals</b>	Location <b>1002 Oregon St. Union</b>	Date <b>3/30/87</b>
Facility Equipment <b>10</b>	Detect Clock <b>No</b>	Weapon <b>No</b>	Holster <b>No</b>
Nightstick <b>No</b>	Raincoat <b>No</b>	Flashlight <b>No</b>	Other <b>Gate &amp; Trailer Keys, phone</b>
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>etc K. Felix</b>	Officer—Night Shift (Name) <b>etc B. Dealing</b>
Shift Began <b>8:00 AM</b> Ended <b>4:00 PM</b>		Shift Began <b>4:00 PM</b> Ended <b>12:00 AM</b>	
Officer—Grave Shift (Name) <b>Dick Kokoszki</b>		Shift Began <b>12:00 AM</b> Ended <b>8:00 AM</b>	
Observations or actions taken	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>	<b>AS needed</b>
Injury hazards		<input checked="" type="checkbox"/>	
Visitors <b>EPA (Jack)</b>		<input checked="" type="checkbox"/>	<b>on site</b>
Trespassing		<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>	
Remarks <b>LET CAPT MILLER ON SITE AT 12:45 PM LET CAPT MILLER OUT AT 12:53 AM</b> <b>(R) EPA man (Jack) on site 2:15 PM. EPA man left 2:15 PM.</b>			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.			
1. Were you injured during this tour?	Day Shift	1.	2.
2. Did you suffer any illness?	Day Shift	1.	2.
3. Have you reported all accidents coming to your attention?	Day Shift	1.	2.
Signatures	1.	2.	3.
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